

# CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE (STD) CASE REPORT

Report STDs within three working days. (WAC 246-101-101/301)

PATIENT INFORMATION					
Last Name		First Name		Middle Initial	Date of Birth
Address		City		State	Zip Code
Email Address		Telephone		Reason for Exam (check one) <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine exam (no symptoms) <input type="checkbox"/> Exposed to infection	
Date of Diagnosis Month      Day      Year			If Female, Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans MTF <input type="checkbox"/> Trans FTM <input type="checkbox"/> Nonbinary/Genderqueer <input type="checkbox"/> Other: _____	
		Gender of sex partners <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans MTF <input type="checkbox"/> Trans FTM <input type="checkbox"/> Nonbinary/Genderqueer <input type="checkbox"/> Other: _____		HIV Status <input type="checkbox"/> Previous positive <input type="checkbox"/> New HIV diagnosis this visit* <input type="checkbox"/> Negative HIV test this visit <input type="checkbox"/> Did not test <small>*Complete &amp; submit HIV/AIDS Case Report</small>	
DIAGNOSIS—DISEASE					
<b>GONORRHEA (Lab Confirmed)</b> <div> <div> <b>Diagnosis (only one)</b>  <input type="checkbox"/> Asymptomatic  <input type="checkbox"/> Symptomatic, uncomplicated  <input type="checkbox"/> Pelvic Inflammatory Disease  <input type="checkbox"/> Ophthalmia   <input type="checkbox"/> Disseminated  <input type="checkbox"/> Other complications: _____             </div> <div> <b>Sites (all that apply)</b>  <input type="checkbox"/> Cervix  <input type="checkbox"/> Urethra  <input type="checkbox"/> Urine  <input type="checkbox"/> Rectum  <input type="checkbox"/> Pharynx  <input type="checkbox"/> Vagina  <input type="checkbox"/> Other: _____             </div> <div> <b>Treatment* (all prescribed)</b>  Ceftriaxone   <input type="checkbox"/> 250 mg   <input type="checkbox"/> 500 mg   <input type="checkbox"/> 1 g  Cefixime   <input type="checkbox"/> 400 mg   <input type="checkbox"/> 800 mg  Azithromycin   <input type="checkbox"/> 1 g   <input type="checkbox"/> 2 g  Doxycycline   <input type="checkbox"/> 100 mg BID x7 days  Gentamicin   <input type="checkbox"/> 240 mg  Gemifloxacin   <input type="checkbox"/> 320 mg  <input type="checkbox"/> Other: _____  <small>*Recommended treatment: 250mg ceftriaxone, 1g azithromycin</small> </div> </div>					
Date Tested: _____		Date Prescribed: _____		<b>SYPHILIS</b> <input type="checkbox"/> Primary (chancere, etc.) <input type="checkbox"/> Secondary (rash, etc.) <input type="checkbox"/> Early latent (less than 1 year) <input type="checkbox"/> Late latent (longer than 1 year) <input type="checkbox"/> Late symptomatic <input type="checkbox"/> Congenital Neurosyphilis <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date Tested:</b> _____ <b>Prescription Given:</b> _____ <b>Date Prescribed:</b> _____	
<b>CHLAMYDIA TRACHOMATIS (Lab Confirmed)</b> <div> <div> <b>Diagnosis (only one)</b>  <input type="checkbox"/> Asymptomatic  <input type="checkbox"/> Symptomatic, uncomplicated  <input type="checkbox"/> Pelvic Inflammatory Disease  <input type="checkbox"/> Ophthalmia  <input type="checkbox"/> Other complications: _____             </div> <div> <b>Sites (all that apply)</b>  <input type="checkbox"/> Cervix  <input type="checkbox"/> Urethra  <input type="checkbox"/> Urine  <input type="checkbox"/> Rectum  <input type="checkbox"/> Pharynx  <input type="checkbox"/> Vagina  <input type="checkbox"/> Other: _____             </div> <div> <b>Treatment (all prescribed)</b>  <input type="checkbox"/> Azithromycin   <input type="checkbox"/> Erythromycin  <input type="checkbox"/> Doxycycline   <input type="checkbox"/> Ofloxacin  <input type="checkbox"/> Levofloxacin  <input type="checkbox"/> Other: _____             </div> </div>					
Date Tested: _____		Date Prescribed: _____		<b>HERPES SIMPLEX</b> <input type="checkbox"/> Genital (initial infection only) <input type="checkbox"/> Neonatal <b>Lab Confirmed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>OTHER</b> <input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma Venereum	
PARTNER MANAGEMENT PLAN—Select method of ensuring partner treatment					
<p>Providers should manage partner treatment by either treating partners in-person or by prescribing free medication for patients to give to their sex partners (see side 2). Inform men who have sex with men and persons with gonorrhea or syphilis that the Health Department may contact them to assist with partner notification and treatment. Public Health does not routinely provide partner services to heterosexuals with chlamydia.</p> <p><b>Partner treatment plan (check one or more response)</b></p> <div> <input type="checkbox"/> In-person evaluation - Number of partners treated following medical evaluation: _____  <input type="checkbox"/> Patient delivered treatment - Number of partners for whom provider prescribed free expedited partner therapy (EPT) medication pack to be delivered by the patient to their partner(s): _____             <ul style="list-style-type: none"> <li>Not recommended for men who have sex with men</li> <li>Providers can obtain free EPT packs by faxing or calling Public Health &amp; can prescribe free EPT pack using selected pharmacies. See other side for instructions.</li> </ul> </div>					
<div> <div>Turn over for information on obtaining free partner treatment packs</div> </div>					
REPORTING CLINIC INFORMATION					
Date			Diagnosing Clinician		
Facility Name			Person Completing Form		
Address			Telephone		
City	State	Zip Code	Email		

Thank you for reporting a STD. All information will be managed with the strictest confidentiality.

**PRIVILEGED AND CONFIDENTIAL COMMUNICATION:** The information contained in this message is privileged, confidential or otherwise exempt from disclosure and is intended solely for the use of the individual(s) named above. If you are not the intended recipient, you are hereby advised that any dissemination, distribution or copying of this communication is prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone and destroy the original facsimile.

## PARTNER MANAGEMENT PLAN INSTRUCTIONS

### PARTNER TREATMENT

#### Gonorrhea and Chlamydia

- Advise all patients to notify their most recent sex partner and all partners from the 60 days prior to diagnosis.
- All potentially exposed partners should be treated without waiting for laboratory confirmation of infection.
- Attempt to see and treat partners whenever possible. If you plan to have a patient with gonorrhea or chlamydia return to your office or clinic for treatment, ask them to bring a partner with them to be treated at the same time.
- Offer all heterosexual patients medication to give to their sex partners if you cannot otherwise assure their treatment.
  - **Public Health can provide you with FREE medication packs** for your heterosexual patients to give to their sex partner(s). You can also prescribe free medication packs by faxing a prescription to a pharmacy. **Only selected pharmacies have free medication packs.**
  - A **prescription FAX form** and list of pharmacies that stock free medication can be found on the next page.
  - You can order medication packs to stock in your office or clinic by calling MJ McTighe at (206) 744-2345 or faxing an order form to the STD program. Forms and instructions are available at the website indicated above.
- Advise all patients with gonorrhea and all MSM patients that the health department may call them.
- Public Health does not routinely contact heterosexuals with chlamydial infection for purposes of partner notification.

#### Infectious syphilis

- Advise patients to notify their partners from the 90 days prior to onset of symptoms. Depending on the patient's syphilis stage, additional partners may require evaluation and treatment.
- Inform patients that Public Health will contact them to assist with partner treatment.

### OTHER STDs: PARTNER TREATMENT

- Public Health will contact patients reported with HIV, chancroid, granuloma inguinale, or lymphogranuloma venereum
- Public Health does not routinely contact patients with genital herpes.
- Advise patient to notify sex partners and advise them to seek medical care.

## RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON CASE REPORTS\*

### GONORRHEA—UNCOMPLICATED

Ceftriaxone ..... 250 mg IM as a single dose ..... **PLUS** Azithromycin 1g PO as a single dose

#### Alternatives:

Cefixime ..... 400 mg PO as a single dose ..... **PLUS** Azithromycin 1g PO as a single dose **OR**

#### For beta-lactam allergic patients:

Azithromycin.....2g PO as a single dose...**PLUS** Gentamicin 240mg IM OR Gemifloxacin 320mg PO – either as a single dose

### CHLAMYDIA—UNCOMPLICATED

Azithromycin..... 1g PO as a single dose

#### **OR**

Doxycycline ..... 100 mg PO BID for 7 days (Preferred for rectal chlamydial infection)

#### Alternatives:

Erythromycin(base).....500 mg PO QID for 7 days **OR**

Ethylsuccinat.....800 mg PO QID for 7 days **OR**

Ofloxacin ..... 300 mg PO BID for 7 days **OR**

Levofloxacin ..... 500 mg PO for 7 days

### SYPHILIS—PRIMARY, SECONDARY OR EARLY LATENT (<1 YEAR)

Benzathine penicillin G ..... 2.4 million units IM in a single dose

### SYPHILIS—LATE LATENT, LATENT OF UNKNOWN DURATION, TERTIARY (NOT NEUROSYPHILIS)

Benzathine penicillin G ..... 2.4 million units IM for 3 doses at 1 week intervals

\* Refer to "STD Diagnostic and Treatment Guidelines" or the Centers for Disease Control and Prevention's (CDC's) website ([www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment)) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.

# Washington State STD Expedited Partner Therapy

<b>Pharmacy:</b> <u>Check ( ✓ ) Pharmacy in Table Below</u>	<b>Date:</b> _____
<b>Rx: Patient Name</b> _____ <small>(Intended Recipient)</small>	<b>DOB:</b> _____
<b>Person Picking up Meds:</b> _____	<b>DOB:</b> _____
<p><b>Rx:</b>     Dispense medications as checked below at no charge to patient.  Medications to be dispensed without childproof safety cap.</p> <p><input type="checkbox"/> <b>Public Health Pack 1:</b>     Azithromycin, 1 gram (Zithromax) PO once stat</p> <p><input type="checkbox"/> <b>Public Health Pack 2:</b>     Azithromycin, 1 gram (Zithromax) PO once <b>plus</b> 400 mg Cefixme PO stat</p>	
<b>Provider Signature</b> (Dispense as Written)	

## FAX Rx for STD Tx Packs

Indicate ( ✓ ) Pharmacy To Dispense Medications -- Participating Pharmacies in King County				
✓	Pharmacy Name	Fax #	Address	Voice Phone
	Bartell	253-939-0869	3902 "A" St SE <b>Auburn</b>	253-939-8563
	Rite Aid	253-931-1150	1509 Auburn Way S <b>Auburn</b>	253-939-1939
	Fred Meyer	253-931-5578	801 Auburn Way N <b>Auburn</b>	253-931-5584
	Bartell	425-454-3734	10116 NE 8 <sup>th</sup> St <b>Bellevue</b>	425-454-2468
	Bartell	206-431-5157	14901 4 <sup>th</sup> Ave SW <b>Burien</b>	206-242-1202
	Bartell	425-485-9179	22833 Bothell- Everett Hwy <b>Bothell</b>	425-481-7810
	Rite Aid	253-946-0258	32015 Pacific Hwy S <b>Federal Way</b>	253-945-6011
	Fred Meyer	253-952-0142	33702 21 <sup>st</sup> Ave. SW <b>Federal Way</b>	253-952-0133
	Rite Aid	253-850-7631	20518 108 <sup>th</sup> Ave SE <b>Kent</b>	253-854-2999
	Fred Meyer	253-859-5541	10201 SE 240 <sup>th</sup> <b>Kent</b>	253-859-5533
	Bartell (Bridle Trails)	425-869-2227	6619 132 <sup>nd</sup> Ave. NE <b>Kirkland</b>	425-881-5544
	Rite Aid	425-277-0696	601 Grady Way <b>Renton</b>	425-226-3461
	Bartell	253-839-2876	27055 Pacific Hwy S <b>Redondo</b>	253-839-1693
	Rite Aid	206-722-6047	2707 Rainier Ave S <b>Seattle</b>	206-721-5018
	Bartell (Downtown)	206-624-3508	1404 3 <sup>rd</sup> Ave <b>Seattle</b>	206-624-1401
	Bartell (Capital Hill)	206-726-3498	1407 Broadway <b>Seattle</b>	206-726-3495
	Bartell (University)	206-525-0740	2700 University Village Pl NE <b>Seattle</b>	206-525-0705
	Bartell (White Center)	206-762-7630	9600 15 <sup>th</sup> Ave SW <b>Seattle</b>	206-763-2728
	Rite Aid (North Seattle)	206-367-2596	13201 Aurora Ave N <b>Seattle</b>	206-364-7676
	Rite Aid	206-760-2655	9000 C Rainier Ave S <b>Seattle</b>	206-760-1076
	Bartell (Queen Anne) 24 hour	206-378-6060	600 1 <sup>st</sup> N <b>Seattle</b>	206-284-1354

### Provider Contact Information:

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Clinic** \_\_\_\_\_ **Fax#** \_\_\_\_\_